

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 DEC 20 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

BROAD-YUKON GROUP LLC
L07000039498

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

2063 San Marino Way

Suite, Apt. #, etc.

Ø

City & State

CLEARWATER FL

Zip

33763

Country

PINELLAS

3. Mailing Office Address

2063 San Marino Way

Suite, Apt. #, etc.

Ø

City & State

CLEARWATER FL

Zip

33763

Country

PINELLAS

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

01-20-07

6. FEI Number

26-3321940

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

AARON MANGLE

Street Address (P.O. Box Number is Not Acceptable)

2063 San Marino Way

Suite, Apt. #, Etc.

Ø

City

CLEARWATER FL

State

FL

Zip Code

33763

E-mail Address:

600254929216

12/20/13--01020--001 **243.75

AJMANGLE@gmail.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Aaron Mangle
REGISTERED AGENT MUST SIGN

Date Dec 16/2013

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
	Same as agent		
mgm	Aaron Mangle	2063 San Marino Way	Clearwater FL 33763
REINSTATEMENT			
DEC 20 2013			
R. HUNT			

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing
Member/Manager

Aaron Mangle

Date Dec 16/13

Daytime Phone # 727-265-6706

Typed or printed name of signing Managing Member/Manager

AARON MANGLE